

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1538
Lobbyist's Registration Number

Instructions

FOR OFFICE USE ONLY
 Postmark Date: _____
 1010173

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6690.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Jurovich Jehn
Last First MI

2. BUSINESS PHONE: 225-928-0024

3. BUSINESS ADDRESS: 9521 Brookline Ave. Baton Rouge, LA 70809
Street and No. City State Zip

MAILING ADDRESS: Same as above
Street and No. City State Zip

4. EMPLOYER: Louisiana Hospital Association

5. EMPLOYER'S ADDRESS: 9521 Brookline Ave. Baton Rouge, LA 70809
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: Louisiana Hospital Association
 Address: 9521 Brookline Avenue
 Business or purpose: NON profit-trade association

New Representation
 Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of August 1, 2000

2001 JAN -5 PM 12:03
 CLERK OF SUPERIOR COURT
 HENRY DE LOACH

SUPPLEMENTAL REGISTRATION FORM

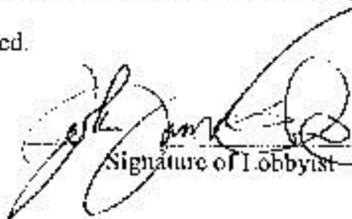
Lobbyist's Registration Number

2. Name _____
 Address _____
 Business or purpose _____
 New Representation
 Does this person pay you? _____
 If No, who pays you? _____
 Terminated Representation as of _____

3. Name _____
 Address _____
 Business or purpose _____
 New Representation
 Does this person pay you? _____
 If No, who pays you? _____
 Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [L.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.



 Signature of Lobbyist